Schedule E)	FOR SE OF FORM 24/48
IAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Planned Parenthood Votes	C C00489799
Check if X 24-hour report 48-hour report New report Amends report filed	on Mam / Dab / Yayayay
Full Name of Payee Blueprint Interactive	Date of Public Distribution/Dissemination
·	10 21 2016
Mailing Address 2229 North Pollard St	Amount
City State Zip Code	170150.00
Arlington VA 22207	Transaction ID : B633886 Date of Disbursement or Obligation
Purpose of Expenditure Digital Ad Buy Category/ Type 004	10 / 22 / 2016
Name of Federal Candidate Support Office	Sought: House District:
Ayotte, Kelly, , ,	President Senate State: NH
Calendar Year-To-Date Per Election for Office Sought Disbut 2016	rsement For: Primary X General Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
Planned Parenthood Action Fund Inc.	10 22 2016
Mailing Address 123 William St, 10th Floor	Amount
City State Zip Code	222.74
New York NY 10038	Transaction ID : B633888 Date of Disbursement or Obligation
Purpose of Expenditure Staff time for direct voter contact Category/ Type 001	10 22 2016
Name of Federal Candidate Support Office	Sought: House District:
Clinton, Hillary, , ,	President Senate State: US
Calendar Year-To-Date Per Election for Office Sought Disbut 2016	rsement For: Primary General Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	170372.74
(b) SUBTOTAL of Unitemized Independent Expenditures	1171171171
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not mawith, or at the request or suggestion of, any candidate or authorized committee or agent of either, party committee) any political party committee or its agent.	·
Schifeling, Deirdre, , , [Electronically Filed] Date	D
Signature	

PAGE 18 OF FOR SE OF FORM 24/48 NAME OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBER ▼ Planned Parenthood Votes C00489799 Check if | X | 24-hour report X New report Amends report filed on 48-hour report Full Name of Payee Date of Public Distribution/Dissemination Planned Parenthood Action Fund Inc. 2016 10 20 Mailing Address 123 William St, 10th Floor Amount State Zip Code City 101.15 NY 10038 Transaction ID: B633884 New York Date of Disbursement or Obligation Purpose of Expenditure Category/ Staff time for direct voter contact 001 10 20 2016 Type Name of Federal Candidate Office Sought: **✗** Support House District: Clinton, Hillary, , , US Oppose President Senate State: Disbursement For: Primary **✗** General Calendar Year-To-Date 2016 3510141.67 Per Election for Office Sought Other (specify) ▶ Full Name of Payee Date of Public Distribution/Dissemination Planned Parenthood Action Fund Inc. 19 2016 Mailing Address 123 William St, 10th Floor Amount City State Zip Code 110.30 NY 10038 Transaction ID: B633879 New York Date of Disbursement or Obligation Purpose of Expenditure Category/ 001 Staff time for direct voter contact 2016 10 19 Type Name of Federal Candidate **✗** Support Office Sought: House District: Clinton, Hillary, , , US Oppose **X** President Senate State: Disbursement For: Primary **X** General Calendar Year-To-Date 2016 3510141.67 Per Election for Office Sought Other (specify) (a) SUBTOTAL of Itemized Independent Expenditures..... 211.45 (b) SUBTOTAL of Unitemized Independent Expenditures (c) TOTAL Independent Expenditures..... Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Schifeling, Deirdre, , , [Electronically Filed] 10 22 2016 Date Signature

Scł	hedule E)	'EIII E/II E/II.	1101120		PAGE 3 OF 18 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Pla	anned Parenthood Votes	C C00489799			
Che	eck if 24-hour report 48-hour report	X New repo	ort Amends repo		M = M / D = D / Y = Y = Y = Y
T	Full Name of Payee Planned Parenthood Action Fun	id Inc.			of Public Distribution/Dissemination
	Mailing Address 123 William St, 10th Floor			Amou	10 22 2016 unt
\perp	City	State	Zip Code	— F	5000.00
	New York	NY	10038		saction ID : B633891 of Disbursement or Obligation
	Purpose of Expenditure Staff time for direct voter contact-Estimated cos	ots	Category/ Type 001		10 / 22 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
ı	Name of Federal Candidate		✗ Support	Office Sough	ht: House District:
	Clinton, Hillary, , ,		Oppose	x Presid	
	Calendar Year-To-Date Per Election for Office Sought		3510141.67	Disbursemen 2016	ent For: Primary General Other (specify)
	Full Name of Payee Planned Parenthood Central Coas Mailing Address 555 Capitol Mall/Suite 510	t Action Fund			of Public Distribution/Dissemination 10 / 22 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
-	City	State	Zip Code		1425.00
	Sacramento	CA	95814		saction ID : B633896 of Disbursement or Obligation
	Purpose of Expenditure Canvassing		Category/ Type 003] [10 / 22 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate		x Support	Office Soug	ght: House District:
	Clinton, Hillary, , ,		Oppose	X Presid	dent Senate State: US
	Calendar Year-To-Date Per Election for Office Sought	7 7	3510141.67	Disburseme 2016	ent For: Primary General Other (specify)
(8	a) SUBTOTAL of Itemized Independent Expendent	ditures		•	6425.00
(l	b) SUBTOTAL of Unitemized Independent Exp	enditures		. •	7117117
(0	c) TOTAL Independent Expenditures			· [171171171
W	Under penalty of perjury I certify that the indep vith, or at the request or suggestion of, any car party committee) any political party committee o	ndidate or authorized			
	Schifeling, Deirdre, , ,	[Electron	nically Filed] Date	e 10	22 2016
	Signature				

			FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC II	DENTIFICATION NUMBER ▼
Ρ	lanned Parenthood Votes	C	C00489799
Ch	eck if X 24-hour report 48-hour report New report Amends report filed	on Man	/ D D / Y D Y D Y
П	Full Name of Payee	Date of Publi	ic Distribution/Dissemination
	Planned Parenthood Advocates Mar Monte	10	22 / 2016
	Mailing Address 1605 The Alameda	Amount	
	City State Zip Code		5000.00
	San Jose CA 95126		ID: B633899 ursement or Obligation
	Purpose of Expenditure Canvassing-Estimated costs Category/ Type 003	10	22 / 2016
-	Name of Federal Candidate Support Office	Sought:	House District:
	Clinton, Hillary, , ,	President	Senate State: US
	Calendar Year-To-Date Per Election for Office Sought Disbut 2016	rsement For: Other (s	Primary x General pecify) ▶
١	Full Name of Payee		ic Distribution/Dissemination
	PP Advocacy Project LA County	M M M	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 555 Capitol Mall, Suite 510	Amount	
1	City State Zip Code		1250.00
	·	Transaction I Date of Disb	
	Purpose of Expenditure Canvassing-Estimated costs Category/ Type 003	10	22 / 2016
1	Name of Federal Candidate Support Office	Sought:	House District:
	Clinton, Hillary, , , Oppose	President	Senate State: US
	Calendar Year-To-Date Per Election for Office Sought Disbu 2016	rsement For: Other (s	Primary X General pecify) ▶
	(a) SUBTOTAL of Itemized Independent Expenditures		6250.00
	(b) SUBTOTAL of Unitemized Independent Expenditures		41.0
	(c) TOTAL Independent Expenditures		
١	Under penalty of perjury I certify that the independent expenditures reported herein were not ma with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.		
	Schifeling, Deirdre, , , [Electronically Filed] Date 10	M / D D	2016
	Signature		

PAGE

OF

	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Planned Parenthood Votes	C C00489799
Check if 24-hour report 48-hour report New report Amends report	filed on M M M / D D / Y Y Y Y Y Y
Full Name of Payee	Date of Public Distribution/Dissemination
Planned Parenthood Advocates Mar Monte	10 22 2016
Mailing Address 1605 The Alameda	Amount
City State Zip Code	5000.00
San Jose CA 95126	Transaction ID : B633902 Date of Disbursement or Obligation
Purpose of Expenditure Canvassing-Estimated costs Category/ Type 003	10 / 22 / 2016
Name of Federal Candidate	Office Sought: House District:
Cortez-Masto, Catherine, , , Oppose	President Senate State: NV
Odioridal Todi To Dato	Disbursement For: Primary
Full Name of Payee Planned Parenthood Central Coast Action Fund	Date of Public Distribution/Dissemination
	10 22 2016
Mailing Address 555 Capitol Mall/Suite 510	Amount
City State Zip Code	1425.00
Sacramento CA 95814	Transaction ID : B633898 Date of Disbursement or Obligation
Purpose of Expenditure Canvassing Category/ Type 003	10 / 22 / 2016
Name of Federal Candidate Support	Office Sought: House District:
Cortez-Masto, Catherine, , , Oppose	President Senate State: NV
	Disbursement For: Primary General General Other (specify) ►
(a) SUBTOTAL of Itemized Independent Expenditures	6425.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were no with, or at the request or suggestion of, any candidate or authorized committee or agent of e party committee) any political party committee or its agent.	
Schifeling, Deirdre, , , [Electronically Filed] Date	10 22 2016
Signature	

PAGE

OF

Schedule E)		on one o		PAGE 6 OF 18 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC	IDENTIFICATION NUMBER ▼
Planned Parenthood Votes	C00489799			
Check if 24-hour report 48-hour report	X New re	port Amends repo	ort filed on	/ D = D / Y = Y = Y
Full Name of Payee Planned Parenthood Action Fundament	d Inc.		M = M	olic Distribution/Dissemination
Mailing Address 123 William St, 10th Floor			Amount	22 2016
City	State	Zip Code		222.74
New York	NY	10038		n ID: B633890 bursement or Obligation
Purpose of Expenditure Staff time for direct voter contact		Category/ Type 001	10	22 / 2016
Name of Federal Candidate		✗ Support	Office Sought:	House District:
Cortez-Masto, Catherine, , ,		Oppose	President	Senate State: NV
Calendar Year-To-Date Per Election for Office Sought		1841773.96	Disbursement For: 2016 Other (s	Primary X General specify) ▶
Full Name of Payee				olic Distribution/Dissemination
Priorities USA			M M M	21 2016
Mailing Address 601 13th Street NW Suite 61	ON		Amount	21 2010
City	State	Zip Code		1373.78
Washington	DC	20005		ID: B633874 bursement or Obligation
Purpose of Expenditure Digital Ad Buy		Category/ Type 004	10	21 / 2016
Name of Federal Candidate		✗ Support	Office Sought:	House District:
Cortez-Masto, Catherine, , ,		Oppose	President	Senate State: NV
Calendar Year-To-Date Per Election for Office Sought		1841773.96	Disbursement For: 2016 Other (Primary X General specify) ▶
(a) CURTOTAL of Housined Indonesiant Function	dia			
(a) SUBTOTAL of Itemized Independent Expendent	itures		•	1596.52
(b) SUBTOTAL of Unitemized Independent Expe	enditures		·· •	
(c) TOTAL Independent Expenditures			· •	F 1 4 1 4 1
Under penalty of perjury I certify that the indepwith, or at the request or suggestion of, any car party committee) any political party committee or	ndidate or authorize			
Schifeling, Deirdre, , ,	[Electro	onically Filed] Date	e 10 / 22	
Signature				

PAGE	7	OF	18	
FOR SE	OF	FORM 2	4/48	

	FOR SE OF FORIVI 24/48
NAME OF COMMITTEE (In Full) Planned Parenthood Votes	FEC IDENTIFICATION NUMBER ▼
	C C00489799
Check if 24-hour report 48-hour report New report Amends report filed	d on Mam / Dad / Yayayay
Full Name of Payee PP Advocacy Project LA County	Date of Public Distribution/Dissemination
Mailing Address 555 Capitol Mall, Suite 510	10 22 / Y Y Y Y Y
Soo Capitor Mail, Suite 510	Amount
City State Zip Code	1250.00
Sacramento CA 95814	Transaction ID : B633906 Date of Disbursement or Obligation
Purpose of Expenditure Canvassing-Estimated costs Category/ Type 003	10 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office	e Sought: House District:
Cortez-Masto, Catherine, , ,	President State: NV
Calendar Year-To-Date Per Election for Office Sought Disb 2016	ursement For: Primary
Tot Elocation for outlood obagin	U Other (specify) ►
Full Name of Payee Planned Parenthood Advocates Mar Monte	Date of Public Distribution/Dissemination
Mailing Address 1605 The Alameda	10 22 7 2016
	Amount
City State Zip Code	5000.00
San Jose CA 95126	Transaction ID : B633901 Date of Disbursement or Obligation
Purpose of Expenditure Canvassing-Estimated costs Category/ Type O03	10 / D D / Y Y Y Y Y Y 2016
Name of Federal Candidate Support Office	ee Sought: House District:
Heck, Joseph, , ,	President Senate State: NV
Calendar Year-To-Date Per Election for Office Sought Disb 2016	
	Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	6250.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
(c) TOTAL Independent Experialities	4 4
Under penalty of perjury I certify that the independent expenditures reported herein were not m with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
Schifeling, Deirdre, , , [Electronically Filed] Date	10 22 2016
Signature	

Schedule E)		31101120		PAGE 8 OF 18 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			F	FEC IDENTIFICATION NUMBER ▼
Planned Parenthood Votes				C C00489799
Check if 24-hour report 48-hour report	✗ New re	port Amends repo	ort filed on	M / D = D / Y = Y = Y = Y
Full Name of Payee Priorities USA			M	Public Distribution/Dissemination
Mailing Address 601 13th Street NW Suite 610N			Amount	0 21 2016
City	State	Zip Code		1373.77
Washington	DC	20005		ction ID : B633873 Disbursement or Obligation
Purpose of Expenditure Digital Ad Buy		Category/ Type 004		M / 21 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District:
Heck, Joseph, , ,		X Oppose	Presider	
Calendar Year-To-Date Per Election for Office Sought		1841773.96	Disbursement 2016 Oth	For:
Full Name of Payee Planned Parenthood Action Fund In Mailing Address 123 William St, 10th Floor	C.		M	F Public Distribution/Dissemination 10
City	State	Zip Code		222.73
New York	NY	10038		tion ID : B633889 Disbursement or Obligation
Purpose of Expenditure Staff time for direct voter contact		Category/ Type 001		0 22 7 2016
Name of Federal Candidate		Support	Office Sought:	House District:
Heck, Joseph, , ,		x Oppose	Presider	
Calendar Year-To-Date Per Election for Office Sought		1841773.96	Disbursement 2016 Oth	For: Primary General Primary General
(a) SUBTOTAL of Itemized Independent Expendit	ures			1596.50
(b) SUBTOTAL of Unitemized Independent Expen	ıditures		··· •	7 1 7 1 7
(c) TOTAL Independent Expenditures				4 . 4
Under penalty of perjury I certify that the indeper with, or at the request or suggestion of, any candi party committee) any political party committee or i	idate or authorize			
Schifeling, Deirdre, , ,	[Electro	onically Filed] Date	e 10	22 2016
Signature				

	medic L)					FOR SE OF	FORM 24/48
	ME OF COMMITTEE (In Full)				FEC	IDENTIFICATI	ON NUMBER ▼
Р	lanned Parenthood Votes				С	C00489799	
Che	eck if 24-hour report 48-hour report New report	Ar	mends repo		M = M	/ D = D /	Y = Y = Y = Y
П	Full Name of Payee			Date	of Pub	olic Distribution	/Dissemination
	Planned Parenthood Central Coast Action Fund				M 1 M	/ D D /	2016
	Mailing Address 555 Capitol Mall/Suite 510			Amo	unt		
ŀ	City State Zip Co	de					1425.00
	Sacramento CA 95814					n ID : B633897 bursement or (
	Purpose of Expenditure Canvassing Cate	gory/ Type			M 10	22	2016
ľ	Name of Federal Candidate		Support	Office Soug	ıht:	House	District:
	Heck, Joseph, , ,	×	Oppose	Presi		✗ Senate	State: NV
	Calendar Year-To-Date Per Election for Office Sought 18417	73.9	6	Disburseme		Primary specify) ▶	x General
l	Full Name of Payee PP Advocacy Project LA County Mailing Address 555 Capitol Mall, Suite 510				of Pub		/Dissemination 2016
ŀ	City State Zip Co	nde		-			1250.00
	Sacramento CA 95814					ID: B633905 bursement or	
	Purpose of Expenditure Canvassing-Estimated costs Category	gory/ Type			10 M	/ 22 /	2016
ľ	Name of Federal Candidate		Support	Office Sou	ght:	House	District:
	Heck, Joseph, , ,	×	Oppose	Presi	dent	X Senate	State: NV
	Calendar Year-To-Date Per Election for Office Sought 18417	73.9	6	Disburseme 2016		Primary	/ X General
	(a) SUBTOTAL of Itemized Independent Expenditures			· [-7	7	2675.00
((b) SUBTOTAL of Unitemized Independent Expenditures			•			
((c) TOTAL Independent Expenditures			• [7	
١	Under penalty of perjury I certify that the independent expenditures reported with, or at the request or suggestion of, any candidate or authorized common party committee) any political party committee or its agent.						
	Schifeling, Deirdre, , , [Electronically Formula [Electronically Formula]	iled]	Date	10	22		Y Y 16
	Signature						

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OF

				FOR SE OF	FORM 24/48
	ME OF COMMITTEE (In Full)		FEC	IDENTIFICATION	ON NUMBER ▼
۲ 	lanned Parenthood Votes		С	C00489799	
Ch	eck if X 24-hour report 48-hour report New report Amends report filed of		М	/ D = D /	Y W Y W Y
I	Full Name of Payee Planned Parenthood Action Fund Inc.	Date of	f Pub	lic Distribution	/Dissemination
1	Planned Parenthood Action Fund Inc.		10 ^M	/ 22 /	2016
	Mailing Address 123 William St, 10th Floor	Amoun	t		
	City State Zip Code	Γ.			5000.00
				ID: B633894 oursement or 0	Obligation
	Purpose of Expenditure Staff time for direct voter contact-Estimated costs Category/ Type 001		10 ^M	22	2016
	Name of Federal Candidate Support Office S	Sought:	:	House	District:
	Portman, Rob, , ,	Presider	nt	x Senate	State: OH
	Calendar Year-To-Date Per Election for Office Sought Disburs 2016	_		Primary	X General
	Planned Parenthood Action Fund Inc. Mailing Address 123 William St, 10th Floor	M	10 ^M	lic Distribution	/Dissemination 2016
1	City State Zip Code				110.31
	New York NY 10038 T		tion	ID : B633881 oursement or (Obligation
	Purpose of Expenditure Staff time for direct voter contact Category/ Type 001	M	10 ^M	19	2016
1	Name of Federal Candidate Support Office S	Sought	:	House	District:
1	Portman, Rob, , ,	Preside	nt	x Senate	State: OH
	Calendar Year-To-Date Per Election for Office Sought Disburs 2016			Primary	General
	(a) SUBTOTAL of Itemized Independent Expenditures		-7	1 1 7	5110.31
	(b) SUBTOTAL of Unitemized Independent Expenditures		-7	-	
	(c) TOTAL Independent Expenditures				
١	Under penalty of perjury I certify that the independent expenditures reported herein were not made with, or at the request or suggestion of, any candidate or authorized committee or agent of either, party committee) any political party committee or its agent.				
	Schifeling, Deirdre, , , [Electronically Filed] Date Signature	И /	22	201	

PAGE

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OF

				FOR SE OF	FORM 24/48
	ME OF COMMITTEE (In Full)		FEC	IDENTIFICATION	ON NUMBER ▼
Ρ	lanned Parenthood Votes		С	C00489799	
Ch	eck if X 24-hour report 48-hour report New report Amends report filed		- M	/ D D /	Y II Y II Y
	Full Name of Payee	Date of	of Pub	lic Distribution/	Dissemination
	Planned Parenthood Action Fund Inc.	M	10 ^M	20	2016
	Mailing Address 123 William St, 10th Floor	Amou	nt		
	City State Zip Code	Г.			101.16
	New York NY 10038			ID : B633882 oursement or C	
	Purpose of Expenditure Staff time for direct voter contact Category/ Type 001		10 ^M	20	2016
	Name of Federal Candidate Support Office	Sough	t:	House	District:
	Portman, Rob, , ,	Preside	ent	X Senate	State: OH
	Calendar Year-To-Date Per Election for Office Sought Disbu 2016	rsemen		Primary	✗ General
	Full Name of Payee Moxie Media Inc.	Date	of Pub	olic Distribution	/Dissemination
		IV	10 ^M	14	2016
	Mailing Address 2021 Minor Ave. East	Amou	nt		
	City State Zip Code	Г.			1312.50
	Seattle WA 99102			ID : B633877 bursement or (Obligation
	Purpose of Expenditure Canvass Lit Category/ Type 004		10 ^M	14	2016
	Name of Federal Candidate Support Office	Sough	t:	House	District:
	Portman, Rob, , , Oppose	Preside	ent	X Senate	State: OH
	Calendar Year-To-Date Per Election for Office Sought Disbut 2016	rsemen		Primary specify) ▶	X General
	(a) SUBTOTAL of Itemized Independent Expenditures		-7	7	1413.66
	(b) SUBTOTAL of Unitemized Independent Expenditures				
	(c) TOTAL Independent Expenditures	Ľ.			
,	Under penalty of perjury I certify that the independent expenditures reported herein were not ma with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.				
	Schifeling, Deirdre, , , [Electronically Filed] Date	D /	22		6
	Signature				

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	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
۲	Planned Parenthood Votes	C C00489799
Ch	neck if X 24-hour report 48-hour report New report Amends report file	d on M M / D D / Y Y Y Y Y
	Full Name of Payee	Date of Public Distribution/Dissemination
	Planned Parenthood Action Fund Inc.	10 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 123 William St, 10th Floor	Amount
	City State Zip Code	110.30
	New York NY 10038	Transaction ID : B633880 Date of Disbursement or Obligation
	Purpose of Expenditure Staff time for direct voter contact Category/ Type 001	10 19 2016
	Name of Federal Candidate Support Office	ce Sought: House District:
	Strickland, Ted, , , Oppose	President Senate State: OH
	Calendar Year-To-Date Per Election for Office Sought Disk 2016	
	Full Name of Price	Other (specify)
	Full Name of Payee Planned Parenthood Action Fund Inc.	Date of Public Distribution/Dissemination
	Mailing Address 123 William St, 10th Floor	10 20 2016 Amount
	City State Zip Code	101.15
	New York NY 10038	Transaction ID : B633883 Date of Disbursement or Obligation
	Purpose of Expenditure Staff time for direct voter contact Category/ Type 001	10 20 7 2016
	Name of Federal Candidate Support Office	ce Sought: House District:
	Strickland, Ted, , , Oppose	President Senate State: OH
	Calendar Year-To-Date Per Election for Office Sought Dist 201	oursement For: Primary X General Other (specify) ▶
	(a) SUBTOTAL of Itemized Independent Expenditures	211.45
	(b) SUBTOTAL of Unitemized Independent Expenditures	
	(c) TOTAL Independent Expenditures	
	Under penalty of perjury I certify that the independent expenditures reported herein were not n with, or at the request or suggestion of, any candidate or authorized committee or agent of eith party committee) any political party committee or its agent.	
	Schifeling, Deirdre, , , [Electronically Filed] Date	10 22 2016
	Signature	

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OF

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	LXI LITBI	101120		PAGE 13 OF 18 FOR SE OF FORM 24/48			
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼			
Planned Parenthood Votes				C C00489799			
Check if 24-hour report 48-hour report Mew report Amends report filed on							
Full Name of Payee			Da	ate of Public Distribution/Dissemination			
Moxie Media Inc.				10 14 2016			
Mailing Address 2021 Minor Ave. East			Ar	nount			
City	tate	Zip Code		1312.50			
Seattle	WA	99102		ransaction ID : B633876 ate of Disbursement or Obligation			
Purpose of Expenditure Canvass Lit		Category/ Type 004		10 14 2016			
Name of Federal Candidate		x Support	Office Sc	ought: House District:			
Strickland, Ted, , ,		Oppose	Pre	esident Senate State: OH			
Calendar Year-To-Date Per Election for Office Sought		904919.43	Disburser 2016	ment For:			
Full Name of Payee			D	ate of Public Distribution/Dissemination			
Planned Parenthood Action Fund Inc.				10 22 2016			
Mailing Address 123 William St, 10th Floor			A	mount			
City S	tate	Zip Code	— г	5000.00			
'	NY	10038		Insaction ID : B633893 ate of Disbursement or Obligation			
Purpose of Expenditure Staff time for direct voter contact-Estimated costs		Category/ Type 001		10 22 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Name of Federal Candidate		x Support	Office So	ought: House District:			
Strickland, Ted, , ,		Oppose	Pre	esident Senate State: OH			
Calendar Year-To-Date Per Election for Office Sought		904919.43	Disburse 2016	ment For:			
(a) SUBTOTAL of Itemized Independent Expenditures			Г	6312.50			
(-)				0012.00			
(b) SUBTOTAL of Unitemized Independent Expenditures	3		. •				
(c) TOTAL Independent Expenditures			•				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.							
Schifeling, Deirdre, , , Signature	[Electronia	cally Filed] Date	M M M	22 / 2016			

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	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼				
۲	lanned Parenthood Votes	C C00489799				
Ch	eck if X 24-hour report 48-hour report New report Amends report filed	I on Man / Dad / Yayayay				
	Full Name of Payee	Date of Public Distribution/Dissemination				
	Priorities USA	10 21 2016				
	Mailing Address 601 13th Street NW Suite 610N	Amount				
	City State Zip Code	10980.69				
	Washington DC 20005	Transaction ID : B633871 Date of Disbursement or Obligation				
	Purpose of Expenditure Digital Ad Buy Category/ Type 004	10 21 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
	Name of Federal Candidate Support Offic	e Sought: House District:				
	Toomey, Pat, , ,	President State: PA				
	Calendar Year-To-Date Per Election for Office Sought Disb. 2544770.64 Disb. 2016	ursement For: Primary X General Other (specify) ▶				
	Full Name of Payee	Date of Public Distribution/Dissemination				
	Priorities USA	M = M / D = D / Y = Y = Y				
	Mailing Address 601 13th Street NW Suite 610N	10 21 2016 Amount				
	City State Zip Code	246038.60				
	Washington DC 20005	Transaction ID : B633875 Date of Disbursement or Obligation				
	Purpose of Expenditure Digital Ad Buy Category/ Type 004	M 10				
	Name of Federal Candidate Support Offic	e Sought: House District:				
	Trump, Donald, , ,	President Senate State: US				
	Calendar Year-To-Date Per Election for Office Sought Disb 2016	ursement For: Primary General Other (specify)				
	(a) SUBTOTAL of Itemized Independent Expenditures	257019.29				
	(b) SUBTOTAL of Unitemized Independent Expenditures					
	(c) TOTAL Independent Expenditures					
	Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
		M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
	Signature					
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	ME OF COMMITTEE (In Full)		FEC II	DENTIFICATION	ON NUMBER ▼	
Ρ	lanned Parenthood Votes		С	C00489799		
Ch	eck if 24-hour report 48-hour report New report Amends report filed		= М	/ D D /	Y Y Y Y Y Y Y Y Y Y	
	Full Name of Payee	Date o	of Publi	ic Distribution/	Dissemination	
	Planned Parenthood Action Fund Inc.		10 ^M	19	2016	
	Mailing Address 123 William St, 10th Floor	Amour	nt			
	City State Zip Code				110.30	
	New York NY 10038			ID : B633878 ursement or 0	Obligation	
	Purpose of Expenditure Staff time for direct voter contact Category/ Type 001		10 ^M	/ 19	2016	
	Name of Federal Candidate Support Office	Sought	t: [House	District:	
	Trump Donald	Preside		Senate	State: US	
	Calendar Year-To-Date Per Election for Office Sought Disbut 2016	irsement		Primary	x General	
	Full Name of Payee	Date of	of Publ	lic Distribution	/Dissemination	
	Planned Parenthood Action Fund Inc.	М		/ 20 /	2016	
	Mailing Address 123 William St, 10th Floor	Amou	-			
	City State Zip Code		-		101.15	
	New York NY 10038			D: B633885 pursement or (
	Purpose of Expenditure Staff time for direct voter contact Category/ Type 001	М	10 ^M	20	2016	
	Name of Federal Candidate Support Office	Sough	t:	House	District:	
	Trump, Donald, , ,	Preside	ent [Senate	State: US	
	Calendar Year-To-Date Per Election for Office Sought Disbut 2016			Primary	x General	
	(a) SUBTOTAL of Itemized Independent Expenditures				211.45	
	(b) SUBTOTAL of Unitemized Independent Expenditures			1 1 7		
	(c) TOTAL Independent Expenditures					
,	Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
	Schifeling, Deirdre, , , [Electronically Filed] Date 1	0 /	22	/ Y Y 201	6	
	Signature					

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OF

				FOR SE OF	FORM 24/48	
	ME OF COMMITTEE (In Full)		FEC II	DENTIFICATION	ON NUMBER ▼	
Р	lanned Parenthood Votes		С	C00489799		
Ch	eck if X 24-hour report 48-hour report New report Amends report filed		= M	/ D D /	Y I Y I Y I Y	
П	Full Name of Payee	Date o	f Publi	ic Distribution/	Dissemination	
	Planned Parenthood Action Fund Inc.		10 ^M	/ 22 /	2016	
	Mailing Address 123 William St, 10th Floor	Amour	nt			
	City State Zip Code	Г.			222.74	
	New York NY 10038			ID: B633887 ursement or C		
	Purpose of Expenditure Staff time for direct voter contact Category/ Type 001	M	10 ^M	22	2016	
	Name of Federal Candidate Support Office	Sought	: [House	District:	
	Trump Donald	Preside	_	Senate	State: US	
	Calendar Year-To-Date Per Election for Office Sought Disbu 2016	rsement		Primary pecify) ▶	x General	
	Full Name of Payee				/Dissemination	
	Planned Parenthood Advocates Mar Monte	M	10	/ DISTIBUTION/	2016	
	Mailing Address 1605 The Alameda	Amour	-	22	2010	
	City State Zip Code		-		5000.00	
	San Jose CA 95126			D : B633900		
	Purpose of Expenditure Canvassing-Estimated costs Category/ Type 003	M	10 M	oursement or C	2016	
		Sought	t: [House	District:	
	Trump, Donald, , ,	Preside	ent	Senate	State: US	
	Calendar Year-To-Date Per Election for Office Sought Disbut 2016			Primary pecify) ▶	X General	
	(a) SUBTOTAL of Itemized Independent Expenditures			7	5222.74	
	(b) SUBTOTAL of Unitemized Independent Expenditures			1 1 1		
	(c) TOTAL Independent Expenditures					
1	Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
	Schifeling, Deirdre, , , [Electronically Filed] Date	M /	22	/ Y Y 201	6 _	
	Signature					

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OF

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	PAGE 17 OF 18 FOR SE OF FORM 24/48							
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼							
Planned Parenthood Votes	C C00489799							
Check if X 24-hour report 48-hour report New report Amends report filed on								
Full Name of Payee PP Advocacy Project LA County	Date of Public Distribution/Dissemination							
Mailing Address 555 Capitol Mall, Suite 510	10 22 2016 Amount							
City State Zip Code Sacramento CA 95814	1250.00 Transaction ID : B633903							
Purpose of Expenditure Capyassing-Estimated costs Category/ 002	Date of Disbursement or Obligation 10 22 2016							
Name of Fodoval Condidate	e Sought: House District:							
Trump, Donald, , ,	President Senate State: US							
Calendar Year-To-Date Per Election for Office Sought Disbut 2016	Other (specify) ▶							
Full Name of Payee Planned Parenthood Action Fund Inc.	Date of Public Distribution/Dissemination M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y							
Mailing Address 123 William St, 10th Floor	Amount							
City State Zip Code New York NY 10038	5000.00 Transaction ID : B633892							
Purpose of Expenditure Staff time for direct voter contact-Estimated costs Category/ Type 001	Date of Disbursement or Obligation 10 22 2016							
Name of Federal Candidate Support Office	e Sought: House District:							
Trump, Donald, , ,	President Senate State: US							
Calendar Year-To-Date Per Election for Office Sought Disbrace 2016	ursement For:							
(a) SUBTOTAL of Itemized Independent Expenditures	6250.00							
(b) SUBTOTAL of Unitemized Independent Expenditures								
(c) TOTAL Independent Expenditures								
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.								
	0 22 2016							

				FOR SE OF FORM 24/48		
	ME OF COMMITTEE (In Full)		FEC ID	ENTIFICATION NUMBER ▼		
Ы	lanned Parenthood Votes		C	C00489799		
Che	eck if 24-hour report 48-hour report New report Amends report		/ / /	D = D / Y = Y = Y		
	Full Name of Payee	Date	of Public	Distribution/Dissemination		
	Planned Parenthood Central Coast Action Fund			22 / 2016		
	Mailing Address 555 Capitol Mall/Suite 510	Amou	ınt			
ŀ	City State Zip Code	- [1425.00		
	Sacramento CA 95814			D: B633895 rsement or Obligation		
	Purpose of Expenditure Canvassing Category/ Type 003		10	22 / 2016		
Ī	Name of Federal Candidate Support C	Office Sough	nt:	House District:		
	Trump, Donald, , , Oppose	x Presid		Senate State: US		
	Odichadi Todi To Bato	Disbursemer 2016	nt For: Other (spe	Primary ✗ General ecify) ▶		
ľ	Full Name of Payee			Distribution/Dissemination		
	Mailing Address	Amou	unt			
ŀ	City State Zip Code	7 C.	,			
		Date	of Disbu	irsement or Obligation		
	Purpose of Expenditure Category/ Type] [M = M /	/ D = D / Y = Y = Y		
ŀ	Name of Federal Candidate Support C	Office Sough	ht·	House District:		
		Presid		Senate State:		
	Calendar Year-To-Date Per Election for Office Sought	Disburseme	nt For: Other (sp	Primary General		
((a) SUBTOTAL of Itemized Independent Expenditures	· [1425.00		
((b) SUBTOTAL of Unitemized Independent Expenditures	· [
((c) TOTAL Independent Expenditures	• [-	484978.61		
٧	Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
	Schifeling, Deirdre, , , [Electronically Filed] Date	10	22	2016		
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